Name in Full: George Brandenburg

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Roxbury; County: Howard

Date of death 1904: Month: June; Day: 16

Age: Years: 68; Months: 4; Days: 2

Sex: Male

Color or Race: White

Birthplace: Frederick Co

Married, Single or Widowed: Widower

Occupation: Farmer

Name of Wife or Husband:

Father's Name: Jacob Brandenburg

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving information: Chas. Brandenburg

How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Senility

How long:

Immediate: Cerebral Haemorrhage

How long: 2 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. G. Spurrier

Address: Ellicott City, Md.

Accident or Suicide?

01/70/13/05

Name in Full: Sophia Daly

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Elkridge — County: Howard

Date of death 1904 — Month: 6 — Day: 4

Age — Years: — Months: 1 — Days: 21

Sex: Female — Color or Race: Colored — Birthplace: Elkridge Md

Married, Single or Widowed: — Occupation:

Name of Wife or Husband:

Father's Name: John Daley — Father's Birthplace: Md

Mother's Maiden Name: Hester Barnes — Mother's Birthplace: Md

Name of person giving Information: John Dealey — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Convulsions — How long: 1 month

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Harrison Tongue

Address: Elkridge Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A20919

Name in Full: Bernard Derrickson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Ellicott City — County: Howard

Date of death: Month: June — Day: 20 — 1904

Age: Years: — Months: 2. — Days: —

Sex: Male — Color or Race: Colored — Birthplace: Upon Gilland

Occupation: — Where Residing if not at place of death: Ellicotts City

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: William H Dean — Father's Birthplace: Front Royal Va

Mother's Maiden Name: Ella L Green — Mother's Birthplace: Washington D.C.

Name of person giving Information: Farther — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebral Meningitis — How long: —

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: John F. Manger M.D.

Address: Ellicott City

Accident or Suicide?

LIBRARY BUREAU A88618

Name in Full: Alphonsus Deller

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Pine Orchard County: Howard

TO BE ANSWERED BY NEAREST FRIEND

Date of death	Month	Day	Years	Months	Days
1904	June	29	Age 2	6	

Sex: Male Color or Race: White Birthplace: Md

Occupation: ~ Where Residing if not at place of death: ~

Married, Single or Widowed Name of Wife or Husband

Father's Name: August Deller Father's Birthplace: Germany

Mother's Maiden Name: Elizabeth Roder Mother's Birthplace: Germany

Name of person giving In formation: August Deller How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Catarrhal Laryngitis How long: 9 days

Immediate: Heart Failure How long: a few hours

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: B. F. Byrne

Address: Ellicott City Md

Accident or Suicide?

LIBRARY BUREAU A48816

Name in Full: Capt Edward P Dennis

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Ellicott City — County: Howard

Date of death 1904: Month: June — Day: 23

Age: Years: 75 — Months: 1 — Days: 23

Sex: Male — Color or Race: White — Birthplace: New York City

Married, Single or Widowed: Married — Occupation: Mariner

Name of Wife or Husband: Hermione J Dennis

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Edward F. Dennis — Father's Birthplace: Bristol Rhode Island

Mother's Maiden Name: Mrs Taft — Mother's Birthplace: —

Name of person giving information: Mrs J P Dennis — How related to deceased: wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bright's Disease — How long: not known

Immediate: Indigestion & Heart failure — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: William E. Hodges

Address: Ellicott City - Md.

Accident or Suicide?

LIBRARY BUREAU A889516

Name in Full: Howard Elmore

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Elk Ridge — County: Howard Co

Date of death 1904 — Month: June — Day: 25 28

Age — Years: — Months: — Days: 7

Sex: Lemon — Color or Race: white — Birthplace: Elk Ridge Md

Married, Single or Widowed: — Occupation:

Name of Wife or Husband:

Father's Name: Milton Elmore — Father's Birthplace: New York

Mother's Maiden Name: Ella Smith — Mother's Birthplace: New York

Name of person giving Information: Milton Elmore — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primery: Injury to head from Birth — How long: 12 hours

Immediate: Convulsions — How long: " hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Arthur Williams

Address: Elk Ridge Howard Co Md

Accident or Suicide? No

LIBRARY BUREAU A88518

Name in Full Patrick Francis Certificate of Death

Died at Woodstock Town Howard County MARYLAND

Date 1924. Month June Day 10 | Age Y. 66 about M. D. | Native of Ind | Occupation —

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living 3

Husband of ~~Wife~~ Katherine Francis

Father's Name Tom Francis | Mother's Maiden Name Judy O'Connor

Cause of Death: Primary Organic Heart Disease | How long sick 7 years

Immediate Mitral Insufficiency | ~~Accident, Suicide, Homicide~~

Reported by R. F. Shipley Asst. D.

Address Woodstock Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

Name in Full

Certificate of Death

Edna Irene Flora.

Died at Town: Columbia County: Howard. MARYLAND

Date 1904 Month: June. Day: 15th | Age Y. 2 M. — D. — | Native of — | Occupation —

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ Number of children living

Husband of — Wife

Father's Name: Joseph Flora | Mother's Name: Dora Flora.

Cause of Death: Primary: Premature (6 months) How long sick 2 days,

Immediate: Exhaustion

Accident, Suicide, Homicide

Reported by: F. L. Lourigo M.D.

Address: Elkridge City. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Alberta Virginia Harris

Certificate of Death

Died at Town: Alberton County: Howard MARYLAND

Date ~~1903~~ 1904 Month: June Day: 12 | Age Y. 43 M. 4 D. 19 | Native of: A. A. Co. Md | Occupation: Housewife

~~Male~~ Female | White | ~~Colored~~ | Married | ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 4

~~Husband~~ Wife of Charles R. Harris

Father's Name: J. A. Boswell | Mother's Name: Deborah Jones

Cause of Death: Primary: Morphinism, Chronic | How long sick: 6 years

Immediate: Asthenia | ~~Accident, Suicide, Homicide~~

Reported by Dr. Wm. B. Gambrill

Address Alberton, Howard Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

J. M. Strickler
Alberta
Sub Reg

Name in Full: Henry S. Hutchins

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Lisbon — County: Howard.

Date of death 1904 — Month: June. — Day: 21

Age — Years: 48 — Months: 9. — Days:

Sex: Male — Color or Race: White — Birthplace: Maryland

Married, Single or Widowed: Married - — Occupation: Farmer

Name of Wife ~~Husband~~: Mary E. Hutchins

Father's Name: Richard Hutchen — Father's Birthplace: Maryland

Mother's Maiden Name: Mary S. Brackenbridge. — Mother's Birthplace: Maryland

Name of person giving information: Mrs Mary E. Hutchins — How related to deceased: Widow

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Appendicial Abscess. — How long: 11 days

Immediate: Acute Peritonitis — How long: 4 days.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: G. W. Facy, M. D.

Address: Lisbon, Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Harris T. Johnson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Elliott City; County: Howard

Date of death: Month: June; Day: 4; Years: —; Months: 1; Days: —

Sex: Male; Color or Race: Colored; Birthplace: Maryland

Occupation: —; Where Residing if not at place of death: Elliott City

Married, Single or Widowed: —; Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Harry Johnson; Father's Birthplace:

Mother's Maiden Name: Tillie Chase; Mother's Birthplace: Maryland

Name of person giving Information: Tillie Chase; How related to deceased: Mother

CAUSES OF DEATH

Primary: Convulsions; How long: 1 day

Immediate: ; How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Milton Easton Undertaker

Address: Elliott City

~~Accident or Suicide?~~

LIBRARY BUREAU A66618

Name in Full: John Wesley Linthicum

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: — County: Howard

Date of death: Month: June — Day: 23 — Year: 1904

Age: Years: 83 — Months: 3 — Days: 8

Sex: Masculine — Color or Race: White — Birthplace: Howard Co.

Occupation: Farmer — Where Residing if not at place of death: at Home

Married, Single or Widowed: Widower — Name of Wife or Husband: Mary Silber

Father's Name: Hezekiah Linthicum — Father's Birthplace:

Mother's Maiden Name: Ann Dorsey — Mother's Birthplace: Howard Co

Name of person giving Information: Mary Linthicum — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: La Grippe — How long: One month

Immediate: Bronchitis — How long: 4 months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. Linthicum M.D

Address: Savage Md

Accident or Suicide? Neither

LIBRARY BUREAU A80316

Name In Full

Certificate of Death

Gustavus Smith.

Died at Town: Cooksville County: Howard MARYLAND

Date 1904 Month: June Day: 18 | Age Y.: 28. M. D. | Native of: Howard Co | Occupation: Farm Hand

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ Number ~~of children living~~

~~Husband~~ of
~~Wife~~

Father's Name: Andrew Jackson Smith | Mother's Maiden Name: Georgeanna Smith

Cause of Death — Primary: Brights Disease | How long sick: Three months

Immediate: Heart Failure | ~~Accident Suicide Homicide~~

Reported by: Dr. G. Walter Seipp

Address: Dr. R. E. Lee Hutchins Cooksville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Henry Snyder

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Doughoregan — County: Howard

Date of death: Month: June — Day: 20 — 1904

Age: Years: 94 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace:

Occupation: Retired — Where Residing if not at place of death: —

Married, Single or Widowed: Widowed — Name of Wife or Husband: Mary Matingly

Father's Name: not Known — Father's Birthplace: —

Mother's Maiden Name: not Known — Mother's Birthplace: —

Name of person giving information: Isiah Thompson — How related to deceased: Son in law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senile decay — How long: 15 4

Immediate: Cystitis — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Thos. M. B. Rogers M.D.

Address: Ellicott City Md

Accident or Suicide?

LIBRARY BUREAU A38515

Name in Full: James Wise

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Highland; County: Howard

Date of death 1904: Month: June; Day: 16

Age: Years: 4; Months: ; Days:

Sex: Male

Color or Race: Colored

Birthplace: Md.

Married, Single or Widowed: —

Occupation: —

Name of Wife or Husband:

Father's Name: Jesse Wise

Father's Birthplace: Md & Va.

Mother's ~~Maiden~~ Name: Mary Wise

Mother's Birthplace: Md

Name of person giving Information: Mrs Snowden

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis — How long: 1 yr.

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: H. W. L Cissell

Address: Highland

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A86016

Name in Full: John G Wittmann

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Ellicott City; County: Howard

Date of death: Month: June; Day: 20; 1904

Age: Years: 58; Months: —; Days: —

Sex: Male; Color or Race: White; Birthplace: Germany

Occupation: Stone cutter; Where Residing if not at place of death: Ellicott City

Married, Single or Widowed: Married; Name of Wife or Husband: Catharine Wittman

Father's Name: —; Father's Birthplace: Germany

Mother's Maiden Name: —; Mother's Birthplace: "

Name of person giving Information: Charles Wittmann; How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Organic Heart Disease; How long: —

Immediate: Dropsy caus heat failure; How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: William E. Hodges

Address: Ellicott City Md

Accident or Suicide: —

LIBRARY BUREAU A38016